Certificate of Compliance Application Form

To: Name of Council that is the consent authority for this application: Thames Coromandel District Council

Applicant Name

	the full name of the persons, company, society or name/s of all trustees of that trust.	r trust applying	for this certificate.	If the applicant is a tr	rust, please
Applicant Conta	act Details				
Postal Address:					
Post code:		Email:			
Phone:		Mobile:			
Agent Contact	Details	-			
If you have an a	agent or other person acting on your behalf, ple	ease complete t	he details below.		
Agent:					
Contact:					
Postal Address:					
Post code:		Email:			



















Phone:		Mobile:			
Location of land use for which Certificate of Compliance is sought.					
Please complete with as much detail as you can, so the location of land use is clearly identifiable. Include details such as unit number, street number, street name and town.					
Property address:					
Legal description	on:				
Owner/Occupio	er of site				
Landowner's ful	I name, phone number and address:				
OR					
☐ Same a	as applicant details				
Occupier's full name, phone number and address:					
OR					
☐ Same a	as applicant details				
Description of the use/activity					
Please provide a description of the use/activity and any relevant information necessary to determine whether the particular proposal or activity complies with the District Plan (continue on a separate sheet if necessary).					

Assessn	nent of Cer	tificate of Compliance				
Please attach such information necessary to support your Certificate of Compliance application, this should include, but not be limited to such matters as: Scaled Plans and Elevations, a current Certificate of Title (less than 3 month old), the relevant application fee, any other information required to allow this application to be assessed against the relevant permitted standards (you may wish to discuss this with the Council's Duty Planner before lodging the application).						
Pre-app	lication in	formation				
We recommend that you have a pre-application discussion about your application with a Council planner.						
Have y	ou had a pr	e-application meeting wi	th a Council planner?		☐ Yes	□ No
Have y	ou had any	other conversations with	any other Council staff?		☐ Yes	□ No
Date of r	neeting:					
Please p	provide the	names of Council staff	you have spoken with.			
If notes of the meeting or other conversations were provided to you, please attach copies.						
Have y	ou attached	d any minutes/notes from	the meeting?		☐ Yes	□ No
Site visit requirements						
As landowner and with the consent of any occupiers or lessee, I am aware that Council staff or authorised consultants will visit the site which is the subject of this application for the purposes of assessing this application, and agree to a site visit.						
OR						
If the applicant is not the landowner, I understand that Council staff or authorised consultants will visit the site, which is the subject of this application, for the purposes of assessing this application, and agree to a site visit.						
Is there	e a locked g	ate or security system re	stricting access by Council sta	aff?	☐ Yes	□ No
Are the	ere any dog	s on the property?			☐ Yes	□ No

Are there any hazards that may place a visitor at risk?			☐ Yes	□ No	
Provide details of any entry restrictions that Council staff should be aware of e.g. health and safety, organic farm etc.					
Signature of the App	licant(s) or Agent				
Please read before sig	gning the application form.				
Payment of fees and	charges				
You must pay the charges payable to Council for this application under the RMA. Please refer to Council's Fees and Charges on its website.					
By submitting this application to Council, you agree to pay the charges set out in Council's Fees and Charges relevant to the application.					
Privacy information					
Council requires the information you have provided on this form to process your application under the RMA. Council will hold and store the information on a public register. The details may also be made available to the public on the Council's website. If you would like to request access to, or correction of any details, please contact the Council.					
Correspondence and invoices					
Please let us know where to send any correspondence and invoices. Where possible any correspondence will be sent by email.					
All correspondence e	xcluding invoices sent to:		☐ Applicant or	☐ Agent	
All invoices sent to:			☐ Applicant or	☐ Agent	
Confirmation by the applicant					
I/we confirm that I/we have read and understood the information and will comply with our obligations as set out above. (A signature is not required if you submit this form electronically.)					
Applicant name:		Signature:		Date:	

Applicant name:		Signature:		Date		
Applicant name:		Signature:		Date		
Confirmation by the agent authorised to sign off on behalf of the applicant						
As authorised agent for the applicant, I confirm that I have read and understood the above information and confirm that I have fully informed the applicant of its/their obligations in connection with this application, including for fees and other charges, and that I have the applicant's authority to sign this application on its/their behalf. (A signature is not required if you submit this form electronically.)						
Agent's name:		Signature:		Date:		
Applicant to confirm:						
☐ I/we confirm that this application form has not been altered or amended in any way.						